

JAMES E. RISCH – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6026 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

June 16, 2006

Eric Bultez, Administrator Hillcrest 1093 S Hilton Boise, ID 83705 FILE COPY

Dear Mr. Bultez:

On June 2, 2006, a complaint investigation survey was conducted at Hillcrest. The survey was conducted by Polly Watt-Geier, L.S.W. and Frutoso Gonzalez, R.N. This report outlines the findings of our investigation.

Complaint # ID00001254

Allegation #1:

A resident was admitted without signed orders from the physician or authorized

provider for admission, treatment, or medications.

Findings:

Based on interview and record review it was determined the resident was admitted to the facility with signed admission orders from the physician or authorized provider that included treatments and medications.

On June 2, 2006 the facility's admission and discharge register was reviewed. It documented the resident was admitted to the facility on April 3, 2006.

Review of the identified resident's record on June 2, 2006 revealed a signed physician's order dated April 3, 2006.

On June 2, 2006 at 11:15 a.m., the identified resident stated he had no concerns regarding care given by the facility. He stated he was satisfied with his care and was not taking any medications at this time.

On June 2, 2006 at 11:30 a.m., the administrator stated the facility obtained the physician's or authorized provider's orders before or at the time of a resident's admission into the facility.

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On June 2, 2006 at 11:40 a.m., the facility nurse stated the physician's or authorized provider's orders are obtained before or at the day of a resident's admission into the facility.

Conclusion:

Unsubstantiated. Although the allegation may have occurred, it could not be verified during the complaint investigation conducted on June 2, 2006.

Allegation #2:

A resident was admitted without a history and physical.

Findings:

Based on interview and record review it was determined the identified resident was admitted with a history and physical.

On June 2, 2006 the facility's admission and discharge register was reviewed. It documented the resident was admitted to the facility on April 3, 2006.

Review of the identified resident's record on June 2, 2006 revealed a history and physical dated April 3, 2006.

On June 2, 2006 at 11:30 a.m., the administrator stated the facility obtained a resident's history and physical before or at the time of admission into the facility.

On June 2, 2006 at 11:40 a.m., the facility nurse stated a resident's history and physical is obtained before or at the day of admission into the facility.

Conclusion:

Unsubstantiated. Although the allegation may have occurred, it could not be verified during the complaint investigation conducted on June 2, 2006.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

POLLY WATT-GEIER, L.S.W.

Team Leader

Health Facility Surveyor

Tim mindle

Residential Community Care Program

PWG/slc

c:

Virginia Loper, R.N., Supervisor, Residential Community Care Program